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City of Wakefield
Education Authority

Report of the
Principal
School Medical Officer
for the Year 1955

Public Health Department,
Town Hall Chambers,
King Street,
Wakefield.
June, 1956.

To the Local Education Authority,

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report of the Principal School Medical Officer for the year 1955.

I regret the delay in this publication, which is due to the shortage of administrative staff.

A I would, however, draw your attention to a special item which I have included in this report, and that is the Report on Speech Therapy by the Speech Therapist, Miss Olwen Parry. You will, I am sure, find this report extremely interesting, and it explains clearly the nature of the very important work which Miss Parry is undertaking for the Education Committee. I would like to point out that this work is only a part of the work waiting to be done. It may be necessary, therefore, for me to come to you next year to ask you for an extension of the sessions which Miss Parry works for the Local Authority. At the moment she is doing four sessions a week for the Local Authority, six sessions for the Wakefield B Group Hospital Management Committee, and one session for the local Health Authority, at the Occupation Centre.

I would like to pay tribute to the teaching staff, and to the close co-operation and unstinted help which I have received from the Director of Education and his staff in the year just closed, and I look forward to another happy year of continued progress in the School Health Service, with the assistance, which is most valued, of this Education and Ancillary Welfare Services Committee.

Yours faithfully,

C. G. K. THOMPSON,

Principal School Medical Officer.

EDUCATION COMMITTEE.

Chairman:

Alderman B. Johnson, J.P.

Deputy Chairman:

Councillor E. E. Borkwood, J.P.

The Mayor:

Alderman A. Carr, J.P.

Alderman E. Slater, J.P.	Councillor D. Hutchings
„ Mrs. E. H. Crowe, J.P.	„ G. Pilmer
Councillor K. R. Craven	„ W. Price
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„ H. Green	„ H. Watson

Co-opted Members.

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Mrs. A. Strickland

The Very Rev. N. T. Hopkins, M.A.

Mr. T. Smith

The Very Rev. Mgr. H. Thompson, V.G.

Mr. S. H. Waters, M.A.

Director of Education:

C. L. Berry, M.A.

Principal School Medical Officer:

C. G. K. Thompson, M.B., Ch.B., D.P.H.

I.—STAFF.

CYRIL GEORGE KAY THOMPSON, M.B., Ch.B., D.P.H.
Principal School Medical Officer.

GILBERT TATTERSALL, M.A., M.B., B.Ch., B.A.O., D.P.H.
Deputy Principal School Medical Officer.

JOHN WILLIAM PRICE, M.B., Ch.B.
School Medical Officer.

GEORGE S. CUBITT, L.D.S., R.C.S. (Eng.)
Principal School Dental Officer.

*SYDNEY K. SLEDGE, M.B., Ch.B., D.O.M.S.
Consultant Ophthalmologist.

*THOMAS B. HUTTON, M.A., M.B., B.Chir., M.R.C.S.,
L.R.C.P., D.L.O.
Consultant Otologist.

*MARION AITKEN PEARSON, M.B., Ch.B., F.R.C.S.
Consultant Orthopaedic Surgeon.

*DAVID FENTON-RUSSELL, M.D., D.P.M., D.P.H.
Consultant Psychiatrist.

*BERNARD R. TOWNEND, F.D.S.R.C.S. (Eng.), Dip. Orth.,
R.C.S. (Eng.), L.D.S. (L'pool).

OLWEN PARRY, L.C.S.T.
Speech Therapist.

Hannah Bell (*deceased October, 1955*)

Sarah Roxby Pearson

Joan Gaffney

Amy Marshall

Elsie Inman

*Ann Ward

} School
Nurses

Margaret Downing, Nurse-in-Charge, Central School Clinic.

Nora McManus, Physiotherapist.

Barbara Ward, Dental Attendant.

Herbert W. Tate, Clerk.

Doreen Blanshard, Assistant to Clerk.

*Part-time.

2.—CO-ORDINATION.

The School Health Service is completely co-ordinated with the Public Health Service of the City. The Medical Officer of Health is also the Principal School Medical Officer and the other medical staff combine appointments in the Public Health and the School Health Services.

Each of the Health Visitors, of which there are normally six is also a School Nurse. In addition, the Health Visitors are concerned with the home visiting in the Tuberculosis Service, the Child Welfare Services and in connection with the home circumstances and supervision of Mental Defectives. Since the coming into operation of the National Health Service Act, 1946, they also carry out considerable home visiting in relation to the care and after-care of persons suffering from illness or who require supervision and assistance for other reasons. This statement of the most important duties of the School Nurses is given to make clear the unique position occupied by them in the City. They are "all-purpose" visitors, each serving a definite area and by this arrangement they are enabled to acquire a comprehensive knowledge of the family circumstances of the homes from which the school population is drawn. The Health Visitor-School Nurse is the general practitioner nurse in Social Medicine and thus occupies a key position in the service.

2a.—SCHOOL ACCOMMODATION.

There are 32 Primary Schools in Wakefield of which 2 contain senior pupils, 9 have junior pupils only, 6 have junior and infant pupils combined, and 15 have infant pupils only. There are 5 Modern Secondary Schools and one Municipal Grammar School, whilst there are also secondary pupils in the Commercial, Technical and Art Departments of the Technical College.

Number on Rolls—Maintained Primary and Secondary Schools, and Municipal Grammar School—9,699.

3.—SCHOOL SANITATION

The lavatories at the Lawefield Lane Infants' School have been converted from an open flushing system to an independent individual flushing system.

The old brown wash basins at the Alverthorpe Infants' School have been pulled out and replaced by new basins.

The following schools have been redecorated:—

<i>Internal</i>	<i>External</i>
Flanshaw C. Infants'	Technical College.
Lupset R.C. Junior and Infants.	
Snapethorpe Junior	
Snapethorpe Infants'	
St. Austin's Upper	
St. Austin's Infants'	
Cathedral Boys' Secondary	
Christ Church Infants'	
Eastmoor Infants'	
Thornes Gaskell's Infants'	
Sandal Endowed Junior and Infants.'	
Technical College	
Thornes House Grammar	
Thornes House Kitchen	
Eastmoor Kitchen	

4.—MEDICAL INSPECTION FINDINGS.

A. Periodic Medical Inspection at Maintained Primary and Secondary Schools.

NUMBER OF CHILDREN EXAMINED AT PERIODIC MEDICAL INSPECTION.

Group	Total	Boys	Girls
ENTRANTS	1205	588	617
INTERMEDIATES	863	434	429
LEAVERS	591	302	289
Totals ..	2659	1324	1335

HEIGHT AND WEIGHT. HEIGHT.

Age Group Years	BOYS				GIRLS			
	Average Height				Average Height			
	1955 Ft. Ins.		1954 Ft. Ins.		1955 Ft. Ins.		1954 Ft. Ins.	
5—6	3	6½	3	6¼	3	6¼	3	6
10—11	4	6	4	5½	4	5½	4	5¼
14—15	5	1¼	5	1	5	1	5	0¾

WEIGHT

Age Group Years	BOYS				GIRLS			
	Average Weight				Average Weight			
	1955		1954		1955		1954	
	St.	Lbs.	St.	Lbs.	St.	Lbs.	St.	Lbs.
5—6	2	12	2	12½	2	11½	2	11½
10—11	5	11½	5	1	5	0½	4	13½
14—15	7	5	7	3½	7	7	7	6

CONDITION OF CLOTHING AND FOOTWEAR.

CLOTHING

Group	Total unsatisfactory Clothing		Poor Clothing		Bad Clothing	
	Number	Percentage	Number	Percentage	Number	Percentage
Entrants ..	19	1.5	18	1.4	1	0.08
Intermediates	18	2.08	16	1.8	2	0.23
Leavers ..	13	2.1	13	2.1	—	—
Totals ..	50	1.8	47	1.7	3	0.11

FOOTWEAR

Group	Total unsatisfactory Footwear		Poor Footwear		Bad Footwear	
	Number	Percentage	Number	Percentage	Number	Percentage
Entrants ..	16	1.3	14	1.1	2	0.16
Intermediates	22	2.6	20	2.3	2	0.23
Leavers ..	13	2.1	10	1.6	3	2.3
Totals ..	51	1.9	44	1.6	7	2.6

GENERAL CONDITION.

Classifi- cation	Entrants		Intermediates		Leavers	
	Number	Percentage	Number	Percentage	Number	Percentage
Good ..	630	52.2	432	50.5	326	55.14
Fair ..	563	46.7	428	49.5	264	44.67
Poor ...	12	0.98	3	0.34	1	0.16

CLEANLINESS.**1. Cleanliness of the Head.**

Of the 2,659 children examined at periodic medical inspections 29 (1.09) were found to have verminous heads, and of these 8 were excluded from school.

2. Cleanliness of the Body.

3 children were noted at periodic medical inspections with dirty bodies (0.11 per cent.).

RESULTS OF SYSTEMATIC INSPECTION BY SCHOOL NURSES OF CHILDREN IN SCHOOLS AS REGARDS CLEANLINESS, ETC.

Total number examined	26,006	
Number found to be infested with vermin	351	(1.34 per cent.)
Number excluded from school	145	(0.55 per cent.)
Number with minor infestations ..	206	(0.77 per cent.)
Average number of days absent from school	5	
Number of Forms 1 issued	121	
Number of Forms 2 issued	43	
Number of Forms 3 issued (Orders to Cleanse)	19	
Number of Forms 4 issued	24	
Number cleansed at Central School Clinic	34	

Three prosecutions took place during 1955, the fines being 10/- in one case and £1 in each of the other cases.

One prosecution was pending at the end of 1955.

All children are examined by the School Nurses in the schools at the beginning of each term. In all cases of infestation the parents are notified and advice as to treatment given, the School Nurses following up the cases.

Children requiring to be cleansed attend at the Central School Clinic, King Street, where the cleansing is carried out by a Home Help, under the supervision of the Nurse-in-Charge.

CONDITION OF THE TEETH.

	Total	Percentage
Number with Good Teeth	1253	42.9
Number with Poor Teeth	973	36.5
Number with Bad Teeth	433	16.2
Number with Dirty Teeth	825	31.02

CONDITION OF THE THROAT AND NOSE.

156 children had defects of the throat and nose, 93 had enlarged tonsils, 55 had enlarged tonsils and adenoids, 5 adenoids and 3 had other throat and nose defects. The total percentage was 5.8 compared with 6.9 in 1954. The percentage with marked defect and definitely in need of surgical treatment was 0.90 compared with 1.1 in 1954.

ENLARGED GLANDS.

68 children (2.5 per cent.) had enlarged cervical glands.

EXTERNAL EYE DISEASES.

5 children (0.18 per cent.) had external eye diseases, 4 conjunctivitis and 1 blepharitis. 27 children were noted with strabismus or squint.

VISION.

Total with Defective Vision	462 (17.5 per cent.)
Number with Poor Vision	319 (14.2 per cent.)
Number with Bad Vision	71 (2.6 per cent.)

224 children were wearing spectacles and in 195 instances the spectacles were satisfactory and in 29 instances had become unsatisfactory.

EAR DISEASES AND HEARING.

60 children (2.2 per cent.) had defects or diseases of the ear, 9 being cases of Otorrhoea and 9 cases of obstruction of external meatus by wax.

42 children were noted with defective hearing.

SPEECH.

42 children (1.5 per cent.) had speech defects, 3 being stammerers and 39 with defective articulation.

LUNGS.

52 children (1.9 per cent.) were affected with lung disease or defect.

36 Children (1.3 per cent.) were affected with bronchitis.

No case of definite or suspected tuberculosis was noted.

NON-PULMONARY TUBERCULOSIS.

No case was noted.

EDUCATIONALLY SUBNORMAL CHILDREN.

4 educationally subnormal children were noted, 2 intermediates and 2 leavers.

DISEASES OF THE NERVOUS SYSTEM.

1 case of Petit Mal was noted.

4 children were noted with affections of the nervous system.

HEART AND CIRCULATION.

4 children (0.15 per cent.) were affected with abnormal hearts, all functional in character.

31 children were reported as anaemic (1.1 per cent.) as compared with 1.1 per cent. in 1954.

ORTHOPAEDIC.

13 children were noted with postural defects and 64 had flat feet. 69 children had other slight defects.

CONTAGIOUS AND INFECTIOUS DISEASES.

There were 2 cases of Eczema, 2 Psoriasis, and 1 Dermatitis.

OTHER DEFECTS OR DISEASES.

These included Enuresis 18 cases, Obesity 14 cases, Asthma 3 cases, Hernia 1 case, Congenital absence of left forearm 1 case, Defective Kidney 1 case, Hemiplegia 1 case, Congenital absence of Right Pectoralis 1 case, Perthe's Disease 1 case. Left Clubfoot 1 case, Pott's Disease 1 case, Right Hemiparesis 1 case.

General Summary.

Number of children without defect ..	1651 (58.3 per cent.)
Number of children with one defect ..	540 (20.3 per cent.)
Number of children with two defects..	411 (15.4 per cent.)
Number of children with three defects	51 (1.9 per cent.)
Number of children with more than three defects	6 (0.22 per cent.)
Number of children referred for treat- ment (including cleanliness but not dental defects)	180 (6.7 per cent.)
Number of children referred for ob- servation	827 (31.1 per cent.)

B. SUPPLEMENTARY INSPECTION.

This includes children examined at the Inspection Clinics and in the Schools, apart from Periodic Inspections.

During 1955 the number of inspections was 3,682 and the re-inspections amounted to 1,089, a total of 4,771 examinations compared with 5,069 in 1954.

5.—INFECTIOUS DISEASES.

During the year 233 cases of Measles, 49 cases of Whooping Cough, 265 cases of Chickenpox, 59 cases of Mumps, and 42 cases of Scarlet Fever were reported as occurring amongst school children. No case of Diphtheria amongst school children was notified during the year. No case of Scabies was reported.

Scarlet Fever.

Excluding cases where the diagnosis was revised, the number notified during 1955 was 65, and of these cases 42 (67.8 per cent.) were school children.

Scarlet Fever cases amongst school children were less prevalent in 1955, there having been 42 cases compared with 51 in 1954.

There was no death from Scarlet Fever during 1955.

The attack rate was 4.5 per 1,000 of the school population.

Diphtheria.

No cases occurring amongst school children was notified during 1955.

Dysentery.

At the beginning of December, 1955, dysentery broke out in the Alverthorpe district of Wakefield, mainly among school-children.

The casual organism was shigella sonnei, and the disease is known as sonne dysentery.

1. Number of specimens collected for examination up to 31st December, 1955	935
2. Number of proved cases up to 31st December, 1955	177
3. Age group in which most positive cases occurred	5/10 yrs.
4. Schools most affected:—	
(a) Alverthorpe Infants	
(b) Snapethorpe Infants	
5. Number of children excluded from school up to 31st December, 1955	252
6. Number of actual cases up to 31st December, 1955	102
7. Number of contacts up to 31st December, 1955	150

The spread of the disease.

The disease would not spread if every person, child and adult, washed his hands thoroughly after visiting the w.c. In the schools we insisted on the antiseptic washing of w.c. pans, plug handles, door handles, desks, etc., in order to minimise the amount of infection.

The character of the disease.

The character of the disease was moderately severe in children. They had blood and mucous and diarrhoea, and some were quite ill. In adults, however, it was less severe, and more often than not so mild that it escaped notice.

The action taken.

On Friday, the 9th December, 1955, Alverthorpe School was closed for half a day, and a bacteriological investigation was carried out. This revealed the presence of bacteria on w.c. plug handles, door handles, desks, etc., and showed how widespread was the source of infection in this school, and emphasised the importance of hand-washing after visiting the w.c. It must be understood that this is a bowel infection.

Every reported case showing symptoms of bowel infection was investigated, samples taken, and contacts traced and in-

vestigated. (During this routine investigation, a case of paratyphoid was revealed, and because of its early discovery it was possible to isolate the family concerned.)

Efforts were made to isolate all those who were infected, and in order to protect the general public, those infected adults who were employed in occupations which involved the handling of food were suspended from work until they were proved to be free from infection.

6.—FOLLOWING-UP.

The following-up of the children found to be defective or in need of attention either at Periodic or Supplementary Inspection is carried out by the School Nurses. The results of following-up are given under Section 7 of this Report.

The following is a statistical summary of the work done by the School Nurses during 1955 in connection with the School Health Service:—

Number of visits to schools	441
Number of examinations in schools <i>re</i> Cleanliness, Condition of Clothing, Footwear and Treatment..	29,725
Number of Home Visits <i>re</i> Verminous and Neglected Children	193
Number of Home Visits <i>re</i> Contagious Diseases ..	389
Number of Home Visits for other purposes	908

7.—MEDICAL TREATMENT.

1,046 children were noted at periodic or supplementary inspections as requiring treatment and 73.7 per cent. received treatment. The corresponding percentage in 1954 was 74.2.

223 cases of eye diseases or defects were treated at the Minor Ailments Clinics.

During the year 843 children were submitted to refraction, 818 at the Ophthalmic Clinic, King Street, and 25 otherwise. Spectacles were prescribed in respect of 423 Children and at the end of the year 373 (88.4 per cent.) had obtained spectacles.

187 children suffering from diseases or defects of the Ear, Nose and Throat were referred for treatment. During 1955, 43 children received operative treatment and 122 other forms of treatment.

Tuberculosis.

During 1955, no case of pulmonary tuberculosis amongst school children was notified. There were 3 cases of non-pulmonary tuberculosis amongst school children notified during the year.

At the end of the year 22 children, 7 pulmonary and 15 non-pulmonary, remained on the notification register.

Crippling (other than Tuberculosis).

During 1955, 21 school children were treated at the Pinderfields Hospital.

MINOR AILMENTS CLINICS.

(Central Clinic, King Street; Branch Clinics at Manygates Child Welfare Centre, Snapethorpe School, and Heath View School).

The following Table gives the number of Minor Ailments treated at the above Clinics during 1955.

Disease						Number of Defects Treated
Ringworm (Scalp)	..	..	..	..		Nil
Ringworm (Skin)	..	..	..	..		Nil
Eye disease (External and other)			..	..		223
Ear, Nose and Throat Defects			..	..		122
Impetigo..	..	..	..	..	..	41
Other Skin Diseases	..	..	..	..	..	345
Scabies ..	..	..	..	..	..	Nil
Miscellaneous	..	..	..	..	..	3046
Total						3777

1,958 cases were treated at the Central Clinic, King Street, with 5,190 attendances; 57 were treated at Manygates Clinic with 136 attendances; 765 were treated at Snapethorpe Clinic with 1,781 attendances and 918 were treated at Heath View Clinic with 2,484 attendances.

The Central School Clinic, Town Hall Chambers, King Street, is held Monday to Saturday, 9 a.m.

The Branch Clinics are held Monday to Friday, 9 a.m.

OPHTHALMIC CLINIC

This Clinic is held at the Central School Clinic, King Street, the Consultant Ophthalmologist attending two sessions weekly.

During 1955, 818 cases were examined by Mr. S. K. Sledge, the Consultant Ophthalmologist, of which 748 were new cases and 70 were re-examinations.

The number of prescriptions issued was 398.

Analysis of Eye Refractions and Defects (1,375 eyes).

1. Emmetropia	5 eyes
2. Hypermetropia	369 eyes
3. Myopia	72 eyes
4. Simple Hypermetropic Astigmatism ..	15 eyes
5. Compound Hypermetropic Astigmatism ..	689 eyes
6. Simple Myopic Astigmatism	20 eyes
7. Compound Myopic Astigmatism	154 eyes
8. Mixed Astigmatism	51 eyes
9. Defects other than Refractive Error ..	—
	<hr/> 1375 eyes

Strabismus (Classified as a separate defect) .. 125 eyes
(44 cases of Strabismus were of the alternating type).

The following cases of defective vision were specially noted because of the presence of conditions complicating the refractive error:—

1. Marked defect of vision	3
2. Marked Amblyopia	90
3. External disease or defect	5
4. Opacities of the cornea, lens and vitreous ..	7
5. Defects and diseases of the Retina and Choroid	11
6. Congenital Nystagmus	14
7. Educational Blindness	3

17 children were referred during the year to the Orthoptic Clinic, Clayton Hosptial.

ORTHOPAEDIC AND ULTRA VIOLET RAY CLINICS.**Orthopaedic Clinic.**

This Clinic is held at the Principal Child Welfare Centre, Margaret Street, children needing to see the Consultant Orthopaedic Surgeon being referred by the Medical Officers by appointment.

During 1955 there were 2,177 attendances at the Orthopaedic Clinic. The Consultant Orthopaedic Surgeon, Miss M. A. Pearson, held 3 sessions during the year, seeing 3 new cases and 37 old cases with a total attendance of 40.

132 cases were examined by the Medical Officers.

The cases seen by Miss Pearson and the Medical Officers fell into the following categories:—

Classification of Defects	Cases seen in the current year	
	Cases seen for the first time in 1955.	First seen in previous years.
Congenital neuromuscular defects (e.g. hemiplegia and spastics)	—	8
Other congenital defects (including talipes)	—	2
Birth Paralysis (all Erb's type)	—	1
Non-tubercular deformities of spine (including torticollis)	—	2
Deformities of legs (knock knee, etc.) ..	3	10
Flat foot and valgus ankle	8	41
Other deformities of feet and toes	1	5
Tuberculosis of bones and joints	—	—
Deformities due to paralytic poliomyelitis	—	5
Miscellaneous defects	38	22
Totals	50	96

Artificial Sunlight Clinic.

This Clinic is also held at the Principal Child Welfare Centre, Margaret Street. Cases are referred from all Clinics and by private practitioners. The number of examinations carried out during 1955 by medical officers was 186 and the total attendances amounted to 3,118.

Classification of Defects	Cases seen in the current year	
	Cases seen for the first time in 1955.	First seen in previous years.
Debility after Infectious Disease ..	6	1
Debility with nervous symptoms	—	7
Debility with Catarrhal Symptoms	2	2
Debility with Cervical Adenitis	2	6
General Debility	14	7
Skin Disease	—	—
Bronchitis and Asthma	15	15
Tonsils and Adenoid Cases	17	—
Miscellaneous conditions	32	10
Totals	88	48

DENTAL CLINIC AND DENTAL INSPECTION.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

By G. S. Cubitt, L.D.S., R.C.S. (Eng.)

There has been no improvement in the disastrous gap between inspections, and the situation would be even worse than it is but for the greater willingness to take child patients shown by National Health Service dentists.

Whether this welcome change of attitude would survive a removal of the charges on artificial dentures for adults is doubtful.

The younger age-groups show a higher incidence of dental decay than the older ones, and the dental condition of many school entrants is shocking. Many are given dummies dipped in some syrupy substance in infancy, and are heavy consumers of sweets and biscuits from an early age; so that by the time they are inspected in school their mouths show only the wreckage of the first set of teeth.

It is now possible to assess the results of the reversal of the former salutary rule about the emergency treatment of refusals and persistent breakers of appointments. These are a fall in acceptances for regular treatment, and an increase in the number of broken appointments and in applications for emergency treatment. There are many who will be indifferent to routine treatment, or who will not trouble about keeping appointments, if they know that they can demand attention as a right at any time. To encourage this attitude inevitably increases the number of children afflicted by toothache, and adds to the difficulties of an understaffed service.

The Snapethorpe Dental Clinic would be of more value if it could be used for more than the present three afternoons a week. The wooden chair there is too small for older pupils, uncomfortable, and of a type long obsolete.

My thanks are due to Dr. Price for his valuable work as anaesthetist, and to Mr. Townend and Miss Sclare for their greatly appreciated work as orthodontic specialists.

(1) Number of pupils inspected:

(a) Periodic age groups	..	..	..	4936
(b) Specials	..	..	..	374
Total	..	..	..	<hr/>5310 <hr/>

(2)	Number found to require treatment	3484
(3)	Number referred for treatment	3383
(4)	Number actually treated	2166
(5)	Attendances made by pupils for treatment ..	3076
(6)	Half-days devoted to	
	(a) Inspection	39
	(b) Treatment	465
		<hr/> 504
(7)	Fillings: Permanent Teeth	1501
	Temporary Teeth	163
	Total	<hr/> 1664
(8)	Number of teeth filled: Permanent Teeth ..	1389
	Temporary Teeth ..	163
	Total	<hr/> 1552
(9)	Extractions: Permanent Teeth	447
	Temporary Teeth	2378
	Total	<hr/> 2825
(10)	Adminstrations of general anaesthetics for extractions	255
(11)	Other operations: Permanent Teeth ..	78
	Temporary Teeth ..	412
	Total	<hr/> 490

EAR, NOSE AND THROAT CLINIC.

This Clinic continued to be held during 1955 at the Central School Clinic, King Street. Mr. Hutton, Consultant for diseases of the Ear, Nose and Throat held 2 sessions during the year and examined 28 children, all new cases. Of these 23 were recommended for hospital treatment. 18 received hospital treatment during 1955.

SPEECH THERAPY ANNUAL REPORT, 1955

During the year ended 31st December, 1955, 136 treatment sessions were completed in the Speech Therapy Clinic.

Number of children on treatment list in January, 1955	28
Number of children referred during 1955	33
Of the children referred:—	
Number of children interviewed	26
Number of children awaiting interview	6
Number of children failing to attend for interview ..	1
Number of children accepted for treatment:—	
Defective Articulation	9
Stammer	6
Stammer and Defective Articulation	3
Retarded Speech Development	2
Cleft Palate	1
Complete withdrawal of speech	1
	<hr/>
Total	22
	<hr/>
Number of children receiving treatment at end of December, 1955	32
Number of children discharged:—	
Normal speech attained	16
Failure to attend	1
Having left school	1
	<hr/>
Total	18
	<hr/>
Of those discharged with normal speech:—	
<i>Previous defect</i>	<i>Number</i>
Defective articulation	8
Stammer	8

Arrangements are being made for a comprehensive survey of the frequency, type, and severity of speech defect occurring among children of school age in the City.

I continue to hope that the Speech Therapy Clinic may be given a Tape Recorder of its own in the not-too-distant future.

I feel that, in view of the fact that Speech Therapy is a new service to the Wakefield Education Committee, some explanation of its nature and scope would be welcome. I have therefore asked

Miss Olwen Parry, L.C.S.T., the Speech Therapist, who has provided the information set out above, to set down a resume of the work which she does, and to try and explain some of the methods which she uses in her daily task.

I am grateful to Miss Parry for the following notes:—

Speech and language develop steadily from the first months of the normal infants' life. By the age of five years he has found in speech a fluent form of self-expression and a means of responding to his environment. Consider then the child who for some reason or another is denied the ability to make this progress and acquire normal speech. He will face his home, school and social life handicapped more or less according to the severity of his speech disorder. Small wonder then that educational retardation and social maladjustment are associated with most types of speech disorder.

What are these defects of childhood?

First there are the defects of articulation, the backward speakers, those whose speech is slurred, indistinct and generally unintelligible. There are the children who lisp (interdental sigmatism) and those who develop the aggressive symptom of a lateral sigmatism. There is the child with a rhotacism who speaks of "the wed wibbon in Patricia's fwock".

The second group of defective speakers are those with a dysarthria, in which the child is unable to master, at the normal time and with normal precision, the movement of the lips, tongue and palate which are essential for articulate speech.

Next, the problem which is perhaps the most well-known but yet the least understood of all speech defects — the stammer. This is a most serious disorder of speech in which the sufferer is seldom unaware of his difficulty and attention is constantly drawn to it by his family, teachers and friends. From the first evidence of this symptom the child is constantly offered conflicting advice such as "grip your chair to help the words out", "stop and start again", "take a deep breath before you begin", or even "you must overcome your nerves"! Very rarely do people refrain from trying to help the stammerer by completing his phrases or sentence for him — this being one of the most frustrating and annoying happenings which he faces daily.

Another group is formed by the disorders of voice: complete loss of voice (aphasia) or disturbance of voice (dysphonia) in which there may be chronic huskiness or hoarseness — defects which so often occur amongst school children in industrial areas.

Then there are the disturbances of tone such as excessive nasality (hyper-rhinophonia), or the "adenoidal utterance"

(hypo-rhinophonia). Both these defects cause severe social embarrassment.

Finally, in the case of the young child we have the perceptual disorders of speech and language in which he may be unable to comprehend the spoken word, or, being able to understand what is said *to* him, he is nevertheless unable to form his own thoughts into words in response, i.e. he lacks the ability to use the symbols of speech. These difficulties are described as aphasia (complete absence of speech) or dysphasia (difficulty in speaking).

The frequency of all types of speech defect, grouped together, is between 3 per cent. and 5 per cent. of the school population, the ratio being two boys to every one girl.

What causes these speech defects? It is obvious that the type of home in which the child is reared helps to determine his general progress. Speech is one of the most spontaneous outlets of his emotional life. Therefore his speech develops most smoothly when he is secure and happy and encouraged by sympathetic understanding. If this harmony is disrupted by fear, deprivation, resentment, submission to excessive discipline or to over indulgence, then a resulting symptom of distress may be mutism, retrogression to baby-talk, or stammering.

The child of subnormal intelligence lags behind in language and speech development. His ability to use expressive language may be three or four years retarded, odd words and phrases developing during his fourth or fifth year. The articulation is also often confused and unintelligible.

It might be added here that the child hampered by partial deafness may also present a delay in speech achievement in spite of good general intelligence.

Certain parts of the central nervous system are involved in the various functions which control the understanding of language. Damage to any of these areas by injury or disease inevitably results in impairment of the speech and language aptitude (this defect, dysphasia, was described earlier).

The speech of the individual suffering from spastic paralysis or from chorea is often of the dysarthric type in which there is lack of voluntary control of the movement of the organs of articulation. Similarly, cases of post-poliomyelitis and facial palsy may be affected in this way. Paralysis of the speech organs may be the result of infective agents, physical injury or surgical mishaps.

Mention must be made of the relationship between left-handedness and speech disorders. Numerous studies have shown that there is a greater frequency of left-handedness among speech-defectives than amongst normal children. There is no evidence however to suggest that the relationship is one of cause and effect. Often there is a tendency to call "left-handed" a child who is consistently right-handed. Such a child may have failed to develop a dominant "lead" to right or left and may be in need of educational guidance.

Organic defects giving rise to speech disorders include cleft palate and hare lip, abnormalities of dentition, and disorders or disease of the vocal cords, throat or nose, such as vocal nodules or enlarged tonsils or adenoids. Most of these children attend for treatment at their local school clinic. Treatment takes place, on the average, once a week. No two children have exactly the same speech defect, therefore no two children require the same treatment. Never is the symptom isolated, the child is always treated "as a whole". Much individual work takes place, group treatment being introduced as a means of emphasising the spontaneous outlet and social uses of speech.

Some children, for whom such a service is available, attend the speech therapy clinic in the out-patients' department at their local hospital. An example of this is the cleft-palate patient who is thus kept in close touch with the surgeon who performed the palatal operations.

Many children are handicapped to such an extent that they attend special schools such as those for spastic children, those for educationally subnormal children, and the occupation centres for mentally defective children. Many of these schools and centres now have a visiting speech therapist thus enabling the children to receive treatment regularly.

For those whose outstanding difficulty is defective speech there is but one residential school in England. Situated in Surrey, this excellent school caters for approximately fifty speech defective children.

What is the outlook for the speech defective? The speech therapist is fully justified in expecting a high percentage of successes in the treatment of defective articulation, especially when the child has been referred for treatment before self-consciousness about the defect has been roused. The cleft-palate patient is also directly amenable to treatment. Here the length of attendance at the clinic is largely dependent on surgical success and co-operation from the home. Again, the earlier the child, the more hopeful will be the prognosis.

A large proportion of the speech disorders of cerebral palsy and other dysarthrias improve slowly and steadily and, although perfection may not always be possible, intelligibility may be obtained and the emotional trauma caused by such defects is greatly eliminated.

Therapy in stammering works towards a more relaxed attitude and a viewing of the symptom objectively, to accept the stammer as part of the personality and thus remove the "fear" which was previously associated with it.

Throughout the treatment of any speech defect the therapist keeps in mind Cyril Burt's advice: "Never let the patient lose heart, for once he has lost heart he has lost everything."

PHYSICAL EDUCATION

The Director of Education has kindly supplied me with the following report by the Organisers of Physical Training:—

Mrs. C. Marsh resigned from the Physical Education Staff at the end of the Summer Term, July, 1955, and as yet the post has not been filled.

The past year has not shown the same progress in the Physical Education development as in previous years, and especially is this so in the Primary Schools, where the large increase in numbers of children has necessitated the use of the school hall as a classroom. Only the playground has been available for Physical Education lessons in these Schools. Fortunately the weather during the year has been exceptionally good, and very little interference has been caused to the normal time-table during the Summer months.

In the Winter months, however, and also in Autumn, very little activity has been possible, to the consequent detriment of the children, both physically and mentally.

Schools have been issued with more small games apparatus so that full advantage could be taken of the available space in the playground, and the children kept fully occupied.

The Drill Hall in Vicarage Street has been acquired for the use of one school, where previously no indoor accommodation was available, and is proving of great value.

It has not been possible to provide gymnasia for any Secondary School during the past year, although plans for a prefabricated one were fully investigated. It is to be hoped that some steps may be taken during the coming year to fulfill this very urgent need.

The various School Associations continue to flourish, and there has been marked activity in Netball, Athletics, Football, Cricket and Swimming, although towards the end of the year the Almshouse Lane Baths were closed due to the water shortage, and Clubs using them in the evenings had to suspend activity. Fortunately the School swimming was transferred to the Sun Lane Baths, and no break in instruction has occurred.

PROVISION OF MILK AND MEALS.

The Director of Education has kindly supplied me with the following Report by the School Meals Organiser:—

The work of the Schools Meals Service has continued most satisfactorily over the past year.

During the year, 925,454 meals were supplied from the Authority's nine kitchens compared with 864,545 meals for the previous year. This shows an increase of 60,909 meals. The daily average of meals for 1955 was 4,638. It should be noted, however, that during the last three months of the year the daily average reached 5,000 meals.

The following statistics are of interest:—

Milk in Schools.

Daily average in 1955	..	..	..	..	7,464
Daily average 1954	..	..	..	..	7,279

This shows an increase of 185 third-pint bottles daily.

Free Meals.

The number of children receiving free meals daily was 312. This is a decrease of 4 on the previous year.

The School Meals Building Programme for Minor Projects consisted of the commencement of construction of the scullery at the Lupset R.C. School and the converting of a cloakroom into a scullery at the Manygates Infants' School.

It may be of interest to know that meals are being supplied to two independent schools in the city and the Occupation Centre.

The standard of meal served is being maintained at a very high level. The meal is well balanced and menus varied and interesting.

PROVISION OF CLOTHING.

Under the provisions of the Education (Miscellaneous Provisions) Act, 1948, the Education Authority has provided clothing for 105 children during the year. The children came from 63 different families.

The number of children supplied with clothing under the Scheme during 1954 was 111.

CO-OPERATION OF PARENTS.

During 1955, 76 per cent. of the parents, generally the mother, attended at periodic medical inspections.

CO-OPERATION OF TEACHERS.

The teachers give, as they always have done, the greatest possible help and co-operation in the work of the School Health Service. It is impossible to speak too highly of their assistance without which the work would lose much of its efficiency.

CO-OPERATION OF VOLUNTARY BODIES.

The two Societies that afford most help in connection with the School Health Service are the Wakefield Social Service Council and the National Society for Prevention of Cruelty to Children. The former Society, which includes an active Guild of Help, undertakes much of the care work of the Corporation, and is of great assistance in supplying food and clothing in necessitous cases of a temporary character. Cases of apparently wilful neglect are referred to the latter Society for investigation and any necessary action, and Inspector Ashworth has proved a most helpful and zealous coadjutor. The Mayor's Boot Fund has also done a most useful work during 1955 and supplied 24 pairs of boots or shoes to necessitous children.

CHILD GUIDANCE CLINIC.

The Consultant Psychiatrist, Dr. D. Fenton-Russell has kindly supplied me with the following report on the work of the Child Guidance Clinic during 1955.

The Child Guidance Clinic has continued its active and valuable functions during 1955.

The waiting list has been considerably reduced and no case of clinical urgency is not receiving active therapy. Early diagnosis and prompt treatment are contributing to the good results that we are able to report. This is enabling us to move into the field of preventive work with the pupils referred to us.

Short statistical analysis of the children seen at Child Guidance Clinical Sessions:

Total number of cases seen by the Child Guidance Service	172
Total number of cases passed on to the Child Guidance Clinic	74
Number of Psychiatric Sessions held	45
Number of Interviews	378

Children Seen: 74.

Disposal:

Taken on for Intensive Treatment	15
Taken on for Periodic treatment	24
Advice and Diagnosis	31
Put on Waiting List for treatment	1
Put on Waiting List for weekly play therapy by Educational Psychologist under Psychiatric direction:	3
Total	74

Discharges:

Court Reports Only	—
Diagnosis and Advice	1
Transferred to other Authority	2
Withdrawn before Examination	—
No Co-operation	1
Improved	11
	15

Details of 39 Treatment Cases:

Sex Distribution.

	26 boys
	13 girls
Total	39

Types classified according to predominant psychological features.

1. Delinquency — lying, stealing, truanting, sex misdemeanours	8
2. Behaviour disorders,— out of control, violent tempers, defiance, etc., aggressiveness, negativistic behaviour	6
3. Backwardness and emotional immaturity	5

4.	Nervous disorders — anxieties, hysterical obsessional symptoms, tics, stammer	11
5.	Habit disorders — enuresis and soiling as main symptoms	9
Total		39

Type classified according to Aetiology.

1.	Physical causes.	
	(a) direct—cerebral dysrhythmia, post-encephalitic or post-meningitic state, spasticity, etc... ..	—
	(b) indirect—gross physical defect, long hospitalisation	—
2.	General developmental retardation and low intelligence—including feeble-mindedness, with or without superimposed psychotic traits	3
3.	Constitutional instability or abnormal temperamental disposition, with or without neurotic conflicts	2
4.	Shock experiences	—
5.	Unfavourable environmental conditions as main factor	
	(a) Home	30
	(b) School	4
Total		39

Distribution of Intelligence.

- Range.** Of the children taken on for treatment the lowest I.Q. was 74 and the highest 140.
- Distribution.**

Below average	8
Average	17
Above Average	14

Current Cases.

Number of Children still under treatment at end of year	25
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Waiting List.

Number on Waiting List at end of year	29
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HANDICAPPED CHILDREN.

(a) Blind Children.

At the end of the year there was one child (a boy) in a Residential Special School.

(b) Partially Sighted Children.

There were 2 children (boys) in a Residential Special School.

(c) Deaf Children.

There were 4 children (3 boys and 1 girl) in Residential Special Schools.

(d) Partially Deaf Children.

2 children (1 boy and 1 girl) were in Residential Special Schools.

(e) Physically Handicapped.

One boy was in a Residential Special School.

(f) Delicate.

3 children (girls) were in Residential Special Schools.

(g) Maladjusted.

1 child, a boy, was in a Residential Special School.

(h) Educationally Subnormal Pupils.

At the end of the year there were 42 children (31 boys and 11 girls) on the Register. 37 were in primary or secondary schools, 4 (3 boys and 1 girl) were in Residential Special Schools, and a boy attended a Day Special School.

THORNES HOUSE GRAMMAR SCHOOL.

Periodic and Special Inspections were carried out at the above school during 1955.

169 pupils were medically inspected, 95 at Periodic Inspections and 74 at Inspections of Specials.

7 pupils were referred for treatment and 17 required to be kept under observation.

JUNIOR ART AND TECHNICAL SCHOOLS.

Periodic and Special Inspections were carried out at the above schools during 1955.

125 pupils were examined, 113 at periodic inspections and 12 at inspections of Specials.

11 pupils were referred for treatment and 17 required to be kept under observation.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION.**1. Candidates for entrance to Training Colleges.**

35 medical examinations were carried out during the year.

2. Entrants to the teaching profession.

1 medical examination was carried out during the year.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1955.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	1205
Intermediates	863
Leavers	591
Total	2659

Number of other Periodic Inspections	256
Grand Total	2915

B.—OTHER INSPECTIONS

Number of Special Inspections	3682
Number of Re-inspections	1089
Total	4771

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	4	29	32
Intermediates	62	15	74
Leavers	32	9	38
Total	98	53	144
Additional Periodic Inspections	15	3	18
Grand Total	113	56	162

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1955.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation, but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4.	Skin	5	32	396	7
5.	Eyes— <i>a.</i> Vision	113	361	155	393
	<i>b.</i> Squint	3	24	14	22
	<i>c.</i> Other	2	8	63	2
6.	Ears— <i>a.</i> Hearing	2	43	4	10
	<i>b.</i> Otitis Media	2	8	11	7
	<i>c.</i> Other	2	7	12	4
7.	Nose or Throat	10	149	31	199
8.	Speech	10	32	5	24
9.	Cervical Glands	1	67	3	56
10.	Heart and Circulation	—	45	2	27
11.	Lungs	—	—	—	—
12.	Developmental—				
	<i>a.</i> Hernia	1	—	—	1
	<i>b.</i> Other	—	4	—	3
13.	Orthopaedic—				
	<i>a.</i> Posture	—	12	4	14
	<i>b.</i> Flat foot	6	68	13	20
	<i>c.</i> Other	2	67	3	56
14.	Nervous system—				
	<i>a.</i> Epilepsy	—	1	—	—
	<i>b.</i> Other	—	4	—	4
15.	Psychological—				
	<i>a.</i> Development	1	18	—	40
	<i>b.</i> Stability	1	3	—	32
16.	Other	6	46	197	91

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Insp'cted	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of cl. 2	No.	% of cl. 2	No.	% of cl. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1205	630	52.28	563	46.71	12	0.98
Intermediates	863	432	50.05	428	49.59	3	0.34
Leavers	591	326	55.14	264	44.67	1	0.16
Additional Periodic Inspections	256	141	55.07	115	44.90	—	—
Total	2915	1529	52.10	1370	46.98	16	0.54

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons ..	28,921
(ii)	Total number of <i>individual</i> pupils found to be infested	127
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	37
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	28

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.**

GROUP .—DISEASES OF THE SKIN (excluding uncleanness)

						Number of cases treated or under treatment during the year	
						by the Auth- ority	other- wise
Ringworm—	(i)	Scalp	..	..	..	—	—
	(ii)	Body		..	..	—	—
Scabies			..	..	..	—	—
Impetigo	..	..	..	..	..	41	—
Other skin diseases			..	..	..	345	39
					Total	386	39

**GROUP 2.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

						Number of cases dealt with	
						by the Auth- ority	other- wise
External and other, excluding errors of refrac-							
tion and squint	..	..	..	..		223	5
Errors of refraction (including squint)					..	818	25
					Total	1041	30
Number of pupils for whom spectacles were							
(a) Prescribed	..	..	..	..		398	25
(b) Obtained	..	..	..	..		352	21

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	2	10
(b) for adenoids and chronic tonsillitis ..	17	16
(c) for other nose and throat conditions	3	—
Received other forms of treatment	122	27
Total ..	144	53

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	21 by the Authority	otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	89	5

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	39	Nil

GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	by the Authority	other-wise
Number of pupils treated by Speech Therapists	32	—

GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	other-wise
(a) Miscellaneous minor ailments .. .	3046	89
(b) Other than (a) above (specify)		
1. Debility	47	—
2. Bronchitis	30	—
Total ..	3123	89

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups	4936
(b) Specials	374
Total (1)	5310

(2)	Number found to require treatment	..	..	3484
(3)	Number offered treatment	..	..	3383
(4)	Number actually treated	..	..	2166
(5)	Attendances made by pupils for treatment	..		3076
<hr/>				
(6)	Half-days devoted to: Inspection	39
	Treatment	465
	Total (6)			504
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(7)	Fillings: Permanent Teeth	1501
	Temporary Teeth	163
	Total (7)			1664
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(8)	Number of teeth filled: Permanent Teeth	..		1389
	Temporary Teeth	..		163
	Total (8)			1552
<hr/>				
(9)	Extractions: Permanent Teeth	447
	Temporary Teeth	2378
	Total (9)			2825
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(10)	Administration of general anaesthetics for ex- traction	255
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(11)	Other operations: Permanent Teeth	78
	Temporary Teeth	412
	Total (11)			490
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